AG NEXT GENERATION
GRANT APPLICATION

AG Trust

The Alliance for AG Higher Education
The AG Next Generation Grant (AGNGG) is a ministerial incentive program designed to attract and retain outstanding ministers in the Assemblies of God. Under the provisions of the AG Next Generation Grant, the AG Trust will use monies to help with the retirement of educational debt incurred. The office of The Alliance for AG Higher Education will award up to $24,000 to each recipient selected to be distributed over a specified period of time to the recipient’s approved lending agencies. Monies will be awarded to graduates (beginning spring 2007) of AG endorsed schools who are making a commitment to credentialed AG ministry.

Under the provisions of the AG Next Generation Grant, the AG Trust may assume payments of up to $400 per month for up to five (5) years in outstanding educational loans in return for five (5) consecutive years of full-time ministerial service as an AG credentialed minister in an approved Assemblies of God ministry.

Participants who serve in a District affiliated church or in church planting may receive up to $100 of additional loan assumption per month each year for up to five (5) years.

Selected participants must sign an AG Next Generation Agreement. The AG Next Generation Agreement stipulates that the AG Trust will authorize loan assumption payments if the participant provides five (5) consecutive years of ministerial service. AG Next Generation grant payments begin upon proof of full-time ministerial service. The AG Trust will make monthly payments directly to the lending institution(s) after all ministerial service and loan information is verified. Based upon loan balances, the AG Trust will authorize AGNGG payments each year up to $400 per month or up to $500 per month if the recipient is serving in a District affiliated church or in church planting.

NOTE: AGNGG participants must continue to meet their scheduled payments on all student loans throughout their participation in the AGNGG program.

ELIGIBILITY CRITERIA

1. Be a U.S. citizen or eligible non-citizen
2. Have completed a baccalaureate or graduate degree in an approved program of professional ministerial preparation from one of the endorsed Assemblies of God colleges or universities no earlier than May 2007 and no later than June 2009.
3. Have received an educational loan to meet the costs associated with obtaining a baccalaureate or graduate degree through one or more of the following programs: Federal Family Educational Loan program, Federal Direct Student Loan Program, Federal Perkins Loan, or privately funded institutional educational loan – the loan outstanding must have been received for debt responsibly incurred
4. Be in good standing with any repayment of any state or federally funded educational grants and state or federally insured educational loans
5. Be a credentialed minister with the Assemblies of God and be in good standing with all financial commitments to the District and to the General Council
6. Be an active participant in District events and activities

APPLICATION PROCESS
- Applicants may request an application online from the AG Trust at www.agtrust.org
- Complete and return the following documents by September 15, 2010:
  - The AG Next Generation Grant application
  - A letter of reference from your college
  - An official transcript showing graduation date
  - Verification of loans and amount owed from the National Student Loan Data System (www.NSLDS.ed.gov)
  - A copy of your 2009 federal income tax form
  - Verification of your place of ministry

ACCEPTANCE AND TRACKING
If you are chosen as a participant in the Loan Payback program, you will be sent a copy of the Loan Balance Verification Form. Once this form is submitted to AG Trust then payments can be made directly to your lender. The AG Trust will email you annually a letter confirming when the payments were made, to whom, and the amount. The Loan Balance Verification Form will be sent to you each year.

Please remember that you are required to comply with and maintain all student loan repayment obligations throughout your 5 years of ministerial service. The AG Trust will not reimburse you for any payments already made, nor will the assumption payment cancel or replace any scheduled payments. You will need to make payments on your loan prior to and while we make your monthly loan assumption payments. You may contact your lender for other payment options.

AG Trust benefits are not available for:
1. Any loans that are eligible for full or partial cancellation under federal or state provisions
2. Parent (PLUS) loans
3. Any private loans that are not authorized by your school (i.e. home equity loans, second mortgages)
CHANGE OF SERVICE OR RESIDENTIAL ADDRESS
Please contact AG Trust if you change your residential address or that of your ministerial service. In addition, please update your phone numbers and email address if those change as well.

LOAN CONSOLIDATIONS
Please contact the AG Trust as well as send written proof when you consolidate your student loans. It is wise to consolidate your student loans; however, there are a few points to consider:
1. Verify that the loans you are consolidating are educational loans only.
2. You may only consolidate your loans, not loans that have been joined with another person.
3. It is not recommended that you consolidate your loans when you are expecting an AG Trust payment. This will greatly delay you receiving your payment and having it applied to the correct lending institution.

PAYMENT PRIORITY
The AG Trust payments are determined on a priority basis. First priority is given to loans with the highest interest rate (if a payment is made on a loan the first year because it had the highest interest rate, we will continue to pay on that loan until it is paid in full before beginning payment on another loan), second priority is given to the loan with the oldest disbursement rate, and third priority is given to the loan with the highest dollar amount.
# AG NEXT GENERATION SCHOLARSHIP/GRANT APPLICATION

**Application Deadline:** September 15, 2010

**Section I: To Be Completed by The Applicant (Please print or type)**

1. **Last Name**
2. **First Name**
3. **Middle Initial**
4. **Social Security Number (SSN)**

<table>
<thead>
<tr>
<th>3. Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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</thead>
</table>

5. **Date of Birth**
6. **Telephone Numbers**
   - **Home#**
   - **Cell#**

<table>
<thead>
<tr>
<th>4. <strong>Date of Birth</strong></th>
<th>5. <strong>Telephone Numbers</strong></th>
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<thead>
<tr>
<th>6. <strong>I am a U.S. Citizen or Eligible non-citizen</strong></th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No (Enclose evidence from the U.S. Immigration and Naturalization service that you are an eligible non-Citizen)</td>
</tr>
</tbody>
</table>

7. **College attended**
8. **Date graduated**
9. **Major and Degree granted:**

10. **Marital Status:**
11. **Gender:**
12. **My (and my spouse’s, if applicable) Adjusted gross income for 2009:**

<table>
<thead>
<tr>
<th>10. <strong>Marital Status:</strong></th>
<th>11. <strong>Gender:</strong></th>
<th>12. <strong>My (and my spouse’s, if applicable) Adjusted gross income for 2009:</strong></th>
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<tbody>
<tr>
<td>Single</td>
<td>Male</td>
<td>$ ___________________________</td>
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<tr>
<td>Married</td>
<td>Female</td>
<td>$ ___________________________</td>
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13. **I describe myself as one of the following:**
   - African American
   - Asian American
   - Caucasian
   - Filipino
   - Hispanic
   - Native American
   - Pacific Islander
   - Other

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<th>13. <strong>I describe myself as one of the following:</strong></th>
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<th>14. <strong>Form of Ministerial Service:</strong></th>
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<tbody>
<tr>
<td>Pastor/Associate Pastor (General Council)</td>
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<tr>
<td>Pastor (District Affiliated church)</td>
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<tr>
<td>World Missionary (Field ____________)</td>
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<tr>
<td>Church Planter</td>
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<tr>
<td>Us Missionary (Field ____________)</td>
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<tr>
<td>Other ___________________________</td>
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</table>
15. My ministerial credential is with the ______________ District.
   _____ ordained
   _____ licensed
   _____ certified
   _____ in process, to be completed by ____________ (date)

16. Please indicate the lender, type, and status of all your educational loans:

<table>
<thead>
<tr>
<th>LOAN TYPE</th>
<th>LOAN STATUS</th>
<th>LOAN BALANCE</th>
</tr>
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17. List your current personal debt balance(s):

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18. List previous employment (last to first):

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<tr>
<th>Place</th>
<th>Position</th>
<th>Dates of Employment</th>
<th>Supervisor</th>
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19. Miscellaneous

1. Will you permit us to use pertinent data from this application and from references for articles in our publications and your local newspaper(s)?
   a. Yes ________ No ________
   b. Please list the name of your local newspaper

2. Have you enclosed one (1) recent photo for publicity? Yes ________ No ________
   (Application will be considered incomplete without photo.)

20. By my signature I understand and agree that:

I am a U.S. citizen or eligible non-citizen.

I have completed a baccalaureate or graduate degree in an approved program of professional ministerial preparation at an Assemblies of God college, university, or seminary.
I have received an educational loan(s) to meet the costs associated with obtaining a baccalaureate or graduate degree at an Assemblies of God college, university, or seminary.

I am in good standing with any repayment of my educational loans.

I give my permission for the AG Trust to run a credit check.

If I am selected as an AGNGG participant, I must sign an AG Next Generation Agreement to provide five consecutive years of qualifying ministerial service.

I am, and I will continue to be, in good standing with my financial commitment to my District and to the General Council.

I am, and I will continue to be, an active participant in District events and activities.

I will comply with all student loan repayment obligations and continue making scheduled payments on student loan(s) until notified by my lender that the loan is paid in full.

Please sign and date:

Signature of Applicant  Date  Email address
To the Applicant: Please fill out the top portion of the form and give to the person completing your reference.

**Applicant Information**

Please type or print in black ink.

Applicant’s Name (please print): _______________________________ Social Security #: _______________________________

Address: _______________________________ City: _______________ State: _____ Zip: ______

Telephone: Home (___)______________ Work (___) __________

WAIVER FORM: I, ____________________________________________ the undersigned, hereby voluntarily waive any right or privilege provided by Public Law 93-380 to inspect or challenge the content and comments expressed in this letter of recommendation. I expect that the observations made shall remain confidential between the writer and the person or organization to whom my file may be addressed. This information will be used for participant selection purposes only.

Applicant’s Signature_____________________________________

**Evaluator Information**

TO THE EVALUATOR: The above named applicant has applied for the AG Next Generation Grant program through the AG Trust. It is our purpose to select only those persons who are qualified to receive monies to help with the retirement of educational debt. Among the criteria that are evaluated are personal character, educational debt, and a commitment to credentialed AG ministry.

Please rate the applicant in the following areas by circling the appropriate number. If you are unable to provide information on a specific area, please leave blank.

<table>
<thead>
<tr>
<th>1 – poor</th>
<th>2 – below average</th>
<th>3 – average</th>
<th>4 – above average</th>
<th>5 – superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moral character</td>
<td>1 2 3 4 5</td>
<td>Religious Life</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td>1 2 3 4 5</td>
<td>Personal Integrity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Leadership Ability</td>
<td>1 2 3 4 5</td>
<td>Demonstration of Christian Character</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>1 2 3 4 5</td>
<td></td>
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</tbody>
</table>

How long have you known this applicant? ___________ In what relationship? ___________________________
Please provide additional comments in the following areas:

Briefly discuss why you believe the applicant should be selected as a recipient of the AG Next Generation Grant.

Describe ways this person exhibits a committed Christian witness.

Please provide helpful comments that will assist the committee in considering this applicant for a grant.

Name: ___________________________________________ Position/Title: ___________________________________________

Email Address: __________________________________________

Address: ________________________________ City:______________ State: _____ Zip: ______

Home Phone:______________________________ Work Phone: ________________________________

Signature: ___________________________________________ Date: ________________________________

Please return this form to:
AG Trust
1445 N. Booneville Avenue
Springfield, MO 65802-1894
Applicant Information

Please type or print in black ink.
Applicant’s Name (please print): _______________________________ Social Security #: __________________________

Address: __________________________________________________________________________________________
City: __________________________ State: _____ Zip: ______

Telephone: Home ( ___ ) _______________ Work ( ___ ) _______________

Ministry Verification

Place of Ministry: _____________________________________________________________________________________

Address: __________________________________________________________________________________________

Phone number: ______________________________________________________________________________________

Full time ________________ Part time _________________

Description of Duties: ________________________________________________________________________________

_______________________________________________________________________________________________

Dates of Service: ____________________________________________________________________________________

Supervisor: _________________________________________________________________________________________

I verify that the above information is accurate and true.

Signature __________________________ Date ______________

Please return this form to:
AG Trust
1445 N. Booneville Avenue
Springfield, MO 65802-1894